

# DRINKING WATER (P/A) COLIFORM SUBMISSION/REPORT FORM

Please complete all applicable information requested below. Use indelible ink only to complete form.

Public Water Systems Only:

PWS ID #: 22003622  
 (Must be 7 digits; include all zeros)

PWS Name: Seville WSC  
 County: Tarrant County

Name: total water mgmt.  
 Address: 200 South Oakridge Dr Ste 101 #511  
 City: Hudson oaks  
 State: texas Zip: 76087

Phone #: 817 694 0511 Fax #: \_\_\_\_\_

Sampler Name: Julian Garcia

Sampler Contact #: 817 694 0511 Owner \_\_\_\_\_ Operator \_\_\_\_\_ Other \_\_\_\_\_

Please Circle Appropriate System Type:

Public  Bottled/Vended


Please Circle Appropriate Water Source:

Groundwater (Well)  Surface Water (Lake, river) \_\_\_\_\_


Use a specific address, location, or description For PWS samples, do not use site # only, include address: for PWS raw wells, use Source ID #: Ex. G1234567A

9649 Lechner Rd

Sample Identification	Collected			Sample Type : ( )			Repeat	Include Lab ID of Previous Positives on All Samples Related to the Original Sample
	Date	Time	Time	Distribution	Construction	Raw Well		
	Month	Day	Please circle AM or PM					
	1	7	11:45 am	<input checked="" type="checkbox"/>				



**Tarrant County Public Health**  
**North Texas Regional Laboratory**  
 1101 South Main Street, Suite 1700  
 Fort Worth, TX 76104  
 Phone (817) 321-4778  
 Fax (817) 850-8503  
 TCEQ Lab ID: 48010 / USEPA Lab ID: 01471



LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE

Sample Recd?  Yes  No

Received By: dl Date / Time Received: **JAN 7'15 2:36 PM**

If no. temperature at receipt? MC Tested By: \_\_\_\_\_ Date / Time Tested: **JAN 7'15 3:57 PM**

Reported By: blh Reported: \_\_\_\_\_ Date / Time Reported: **JAN 8'15 10:22 AM**

Report Approval Signature: Julian Garcia

Approving Technical Manager: \_\_\_\_\_ Terry Bacon  Marc Lewis  Diane Hardin  Nancy Turnage

Date of Approval: \_\_\_\_\_

Chlorine Residual: 1.61 mg/L

Free mg/L: \_\_\_\_\_ Total mg/L: \_\_\_\_\_

Unsuitable Sample - Please Resubmit\*  Rejection Criteria # \_\_\_\_\_

Lab Results		E. coli	
note: All test results relate only to the samples as received.			
Test Method: SM9223			
Coliform-18 Presence-Absence Format			
Total Coliform	Present	Absent	Present
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# DRINKING WATER (P/A) COLIFORM SUBMISSION/REPORT FORM

Please complete all applicable information requested below. Use indelible ink only to complete form.

Public Water Systems Only:  
 PWS ID #: 2200310  
 PWS Name: Sewillo WSC  
 County: Tarrant

Name: Total water mgmt.  
 Address: 200 South oak ridge dr. ste 101 #511  
 City: Hudson oak  
 State: Texas  
 Zip: 76087  
 Fax #: 8176940511

Sampler Name: Julian Garcia  
 Sampler Contact #: 8176940511  
 Owner: [X]  
 Operator: [X]  
 Other: [ ]

Please Circle Appropriate System Type:  
 Groundwater (Well) [X]  
 Surface Water (Lake, river) [ ]  
 Groundwater with Surface Water Influence [ ]

Sample Identification Use a specific address, location, or description For PWS samples, do not use site # only, include address; for PWS raw wells, use Source ID #: Ex. G1234567A	Collected		Date	Time	Please circle AM or PM	Sample Type: (V)										
	Month	Day				Year	Distribution	Raw Well	Special	Repeat	Include Lab ID of Previous Positive on All Samples Related to the Original Sample					
												Construction				
10029 yorran lane	2	4	15	10:35	am	X										

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Sample Iced?  Yes  No  
 Received By: JR Date/Time Received: FEB 4'15 11:36AM  
 Tested By: PH Date/Time Tested: FEB 4'15 2:54PM  
 Reported By: PH Date/Time Reported: FEB 5'15 9:08AM

Report Approval Signature: [Signature]

Approving Technical Manager: [X] Terry [ ] Bacon [ ] Diane [ ] Hardin [ ]  
 Marc [ ] Lewis [ ] Nancy [ ] Turriage [ ]  
 Date of Approval: FEB 5'15 9:34AM

Chlorine Residual	Free mg/L	Total mg/L	Total Coliform		E. coli	
			Present	Absent	Present	Absent
			1.3			<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Test results meet all requirements of NELAP unless stated otherwise.  
 NELAP Certificate #: T104704339-12-4

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Report Approval Signature: [Signature]

Approving Technical Manager: [X] Terry [ ] Bacon [ ] Diane [ ] Hardin [ ]  
 Marc [ ] Lewis [ ] Nancy [ ] Turriage [ ]  
 Date of Approval: FEB 5'15 9:34AM